



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

June 14, 2001

Colleen McGuigan, Treasurer
Democratic Party of Wisconsin
Federal Account
222 State Street, #400
Madison, WI 53703

Identification Number: C00019331

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Ms. McGuigan:

This letter is to inform you that as of June 13, 2001, the Commission has not received your response to our request for additional information, dated May 23, 2001. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by July 4, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Andrea Needles on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in dark ink, appearing to read "John D. Gibson", is written over the typed name.

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Colleen McGuigan, Treasurer
Democratic Party of Wisconsin Federal Account
222 State Street #400
Madison, WI 53703

MAY 23 2001

Identification Number: C00019331

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Ms. McGuigan:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT
PAGE 2

that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT
PAGE 3

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Schedule A for supporting Line 17 of the Detailed Summary Page (pertinent portion(s) attached) discloses a receipt for \$6,201 from an "unknown source." Please be advised that an anonymous contribution is limited to \$50. Any amount in excess of \$50 may not be used for federal election purposes and should be transferred to an account not used to influence federal elections 11 CFR §110.4(a)(3)

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT
PAGE 4

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

- Schedule H4 of your report discloses activity which is described as "Exempt - volunteer visibility," "Exempt - volunteer phone leaseback"; "Exempt - volunteer phones;" and "Exempt - volunteer phone bank." However, all of these activities are categorized as being administrative in nature. Please clarify this apparent discrepancy and, if necessary provide a Schedule H2.

-Your EVENT YEAR-TO-DATE calculations for Administrative/Voter Drive are incorrect. EVENT YEAR-TO-DATE totals for administrative and voter drive costs are derived by aggregating all disbursements during the calendar year for the whole Administrative/Voter Drive category. EVENT YEAR-TO-DATE totals for fundraising, direct candidate support, and exempt activities are derived by aggregating all disbursements during the calendar year within a specific event. These should be calculated by adding the latest disbursement for a category or event to the previous

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT
PAGE 5

EVENT YEAR-TO-DATE total for that category or event. This running EVENT YEAR-TO-DATE total should be disclosed after each disbursement is listed. Please amend your report by providing the correct EVENT YEAR-TO-DATE totals.

-Please amend your report by providing the address for each disbursement itemized on Schedule H4 supporting Line 21a.

-Schedule A supporting Line 12 discloses a transfer(s)-in from the Democratic National Committee. Schedules B and H4 supporting Lines 21(a) and 21(b) reflect payments for apparent exempt activities. Please be advised that a state or local party committee may pay for campaign materials (such as bumper stickers) that are distributed by volunteers in connection with activity on behalf of the party's nominees in a general election. Payments for this type of activity are exempt from the definition of a contribution or expenditure if certain conditions are met. The conditions are that no public advertising may be used, including distribution by direct mail (mailings by a commercial vendor or from commercial lists); all funds used for the activity must be permitted under the Act; none of the funds used may have been designated for a particular candidate; and finally, payments for the activity may not be made from transfers-in from the national committee to specifically fund the activity. For further guidance, please refer to 11 CFR §100.7(b)(15) and (17) and to the Campaign Guide for Party Committees.

Please clarify the nature of the transfer(s)-in and subsequent payments for the aforementioned disbursement(s). If the activity disclosed on your report does not meet the definition of "exempt" activity as described above and if any portion of the expenditures were made on behalf of specifically identified candidates, that amount must be disclosed on Schedule B or F supporting Line 23 or 25 of the Detailed Summary Page as appropriate.

-Payments made to credit card companies must identify the original vendors from which you have purchased an item or service if your payments to these vendors have exceeded \$200 this year. Please amend your report by providing the mailing address, date, amount and purpose of such payments as required by 11 CFR §104.9(b).

-Your report erroneously discloses transfers-in from the non-federal account

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT
PAGE 6

on a Schedule A for supporting Line 18 of the Detailed Summary Page;
rather, this transfer(s) should be disclosed on a supporting Schedule H3.
Please amend your report to disclose this activity on the correct schedule.

A written response or an amendment to your original report(s) correcting the above
problem(s) should be filed with the Federal Election Commission within fifteen (15) days
of the date of this letter. If you need assistance, please feel free to contact me on our
toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports
Analysis Division). My local number is (202) 694-1130.

Sincerely,

Andrea S. Wilkens

Andrea S. Wilkens
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 10
FOR LINE NUMBER
11(a)(1)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code Gregg Cayce 832 S. Madison Green Bay, WI 54301-3611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 11/06/2000 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
B. Full Name, Mailing Address and Zip Code Julie Cayce 832 S. Madison St Green Bay, WI 54301- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 11/06/2000 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
C. Full Name, Mailing Address and Zip Code Richard Christenson 1012 E Ogden Ave Milwaukee, WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Independent Care, Inc. Occupation Medical Director Date (month, day, year) 11/01/2000 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
D. Full Name, Mailing Address and Zip Code Attilio Ciochini 5729 46th Street Kenosha, WI 53144- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cicchini Asphalt Paving Occupation BUSINESS EXECUTIVE Date (month, day, year) 11/02/2000 Amount of Each Receipt this Period 350.00 Aggregate Year-to-Date -> 350.00
E. Full Name, Mailing Address and Zip Code Ray Clymer P.O. Box 1449 Wichita Falls, TX 76307- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/26/2000 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
F. Full Name, Mailing Address and Zip Code Daniel Collins 4811 W Parkview Dr Thiensville, WI 53092- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/25/2000 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
G. Full Name, Mailing Address and Zip Code Friends of Dairyland Greyhound Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/23/2000 Amount of Each Receipt this Period 2,500.00 Aggregate Year-to-Date -> 2,500.00

SUBTOTAL of Receipts This Page (optional)

96,100.00

TOTAL This Period (last page, this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 5

FOR LINE NUMBER
11 (c)Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or
(for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code
Friends of Rosa DeLauro
49 Huntington St

New Haven, CT 06511-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/06/2000

Amount of Each
Receipt this
Period

2,000.00

Occupation

Aggregate Year-to-Date -> 2,000.00

B. Full Name, Mailing Address and Zip Code
Herb Kohl for United States Senate Inc

Milwaukee, WI 53202-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

10/30/2000

Amount of Each
Receipt this
Period

70,000.00

Occupation

Aggregate Year-to-Date -> 251,600.00

C. Full Name, Mailing Address and Zip Code
International Assn Of Fire Fighters
1750 New York Ave

Washington, DC 20006-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/16/2000

Amount of Each
Receipt this
Period

5,000.00

Occupation

Aggregate Year-to-Date -> 5,000.00

D. Full Name, Mailing Address and Zip Code
International Longshoremen's Association
Committee on Political Education
17 Battery Place
New York, NY 10004-Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/03/2000

Amount of Each
Receipt this
Period

1,000.00

Occupation

Aggregate Year-to-Date -> 1,000.00

E. Full Name, Mailing Address and Zip Code
Int'l Union Of Electrical
1126 16th Street NW

Washington, DC 20036-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/16/2000

Amount of Each
Receipt this
Period

5,000.00

Occupation

Aggregate Year-to-Date -> 5,000.00

F. Full Name, Mailing Address and Zip Code
Kind For Congress
505 King St. Suite 10

La Crosse, WI 54601-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/03/2000

Amount of Each
Receipt this
Period

5,000.00

Occupation

Aggregate Year-to-Date -> 14,750.00

G. Full Name, Mailing Address and Zip Code
LOT OF PEOPLE FOR DAVEY OBEY
PO BOX 1322

Wausau, WI 54402-1322

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

11/02/2000

Amount of Each
Receipt this
Period

15,769.50

Occupation

Aggregate Year-to-Date -> 15,769.50

SUBTOTAL of Receipts This Page (optional)

\$103,769.50

TOTAL This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER
11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code

Kind For Congress
505 King St. Suite 10

La Crosse, WI 54601-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/06/2000

Amount of Each
Receipt this
Period

4,000.00

Aggregate Year-to-Date ->

9,750.00

B. Full Name, Mailing Address and Zip Code

Laborer's Political League
905 16th St NW

Washington, DC 20006-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/06/2000

Amount of Each
Receipt this
Period

5,000.00

Aggregate Year-to-Date ->

5,000.00

C. Full Name, Mailing Address and Zip Code

NRICA PAC
1630 Duke St. 4th Floor

Alexandria, VA 22314-3465

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/06/2000

Amount of Each
Receipt this
Period

5,000.00

Aggregate Year-to-Date ->

5,000.00

D. Full Name, Mailing Address and Zip Code

People for the American Way
2000 M Street, NW

Washington, DC 20036-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/01/2000

Amount of Each
Receipt this
Period

5,000.00

Aggregate Year-to-Date ->

5,000.00

E. Full Name, Mailing Address and Zip Code

Sein Cope
1313 L Street NW

Washington,

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/15/2000

Amount of Each
Receipt this
Period

5,000.00

Aggregate Year-to-Date ->

5,000.00

F. Full Name, Mailing Address and Zip Code

Termy Baldwin For Congress
Po Box 696

Madison, WI 53701-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/11/2000

Amount of Each
Receipt this
Period

15,000.00

Aggregate Year-to-Date ->

15,750.00

G. Full Name, Mailing Address and Zip Code

United Food And Commercial Workers
1775 K Street NW

Washington, DC 20006-1990

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

10/06/2000

Amount of Each
Receipt this
Period

2,500.00

Aggregate Year-to-Date ->

2,500.00

SUBTOTAL of Receipts This Page (optional)

\$41,500.00

TOTAL This Period (last page this line number only)

\$73,800.00

SCHEDULE F

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

2 3

FOR LINE NUMBER

11(c)

Any information supplied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code Friends Of Jerry Kleczka 3268 S 9th St Milwaukee, WI 53215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/26/200	Amount of each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Herb Kohl for United States Senate Inc Milwaukee, WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/13/200	Amount of each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Herb Kohl for United States Senate Inc Milwaukee, WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/13/200	Amount of each Receipt this Period \$600.00
D. Full Name, Mailing Address and Zip Code Kind For Congress 505 King St. Suite 10 La Crosse, WI 54601- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/04/200	Amount of each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Kind For Congress 505 King St. Suite 10 La Crosse, WI 54601- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/02/200	Amount of each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Northern States Power Employee Political 414 Nicollet Mall Minneapolis, MN 55401- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/26/200	Amount of each Receipt this Period \$2000.00
G. Full Name, Mailing Address and Zip Code Tammy Baldwin For Congress Po Box 696 Madison, WI 53701- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/23/200	Amount of each Receipt this Period \$500.00

\$5100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a)
for each category of the
Detailed Summary PagePAGE 11 OF 5
FOR LINE NUMBER
11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code ATU Special Holdings Acct. 5025 Wisconsin Ave, N.W. Washington, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/06/2000 Aggregate Year-to-Date -> 2,000.00	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and Zip Code Committee On Letter Carriers Pac 100 Indiana Ave NW Washington, DC 20001- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/20/2000 Aggregate Year-to-Date -> 5,000.00	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and Zip Code Concerned Associates Employees 250 Carpenter Freeway Irving, TX 75062- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/06/2000 Aggregate Year-to-Date -> 1,500.00	Amount of Each Receipt this Period 1,500.00
D. Full Name, Mailing Address and Zip Code Democrats 2000 1311 L Street NW, Suite 300 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/16/2000 Aggregate Year-to-Date -> 5,000.00	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and Zip Code Feingold Senate Committee Po Box 620062 Middleton, WI 53562-0062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/26/2000 Aggregate Year-to-Date -> 17,750.00	Amount of Each Receipt this Period 4,000.00
F. Full Name, Mailing Address and Zip Code Fisherty For Congress PO Box 453 Neenah, WI 54957- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/20/2000 Aggregate Year-to-Date -> 10,540.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Fisherty For Congress PO Box 453 Neenah, WI 54957- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/05/2000 Aggregate Year-to-Date -> 15,540.00	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional)

\$23,000.00

(last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
detailed summary pagePAGE 1 OF 3
FOR LINE NUMBER
11 (C)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code
ACPAC Automobile Club
1 Auto Club Dr

Dearborn, WI 48125-

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/20/200

Amount of each
Receipt this
Period

\$100.00

Aggregate Year-to-Date ->

\$100.00

B. Full Name, Mailing Address and Zip Code
Barrett For Congress
7720 Rogers Ave

Milwaukee, WI 53213-

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/20/200

Amount of each
Receipt this
Period

\$500.00

Aggregate Year-to-Date ->

\$500.00

C. Full Name, Mailing Address and Zip Code
Brotherhood Of Locomotive Engineers
1370 Ontario St

Cleveland, OH 44113-1702

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/20/200

Amount of each
Receipt this
Period

\$300.00

Aggregate Year-to-Date ->

\$300.00

D. Full Name, Mailing Address and Zip Code
Campaign Fund of WPS Corp.
Responsible Government Committee
PO Box 19001
Green Bay, WI 54307-Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

05/26/200

Amount of each
Receipt this
Period

\$1000.00

Aggregate Year-to-Date ->

\$1000.00

E. Full Name, Mailing Address and Zip Code
Feingold Senate Committee
PO Box 620062

Middleton, WI 53562-0062

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

06/19/200

Amount of each
Receipt this
Period

\$2500.00

Aggregate Year-to-Date ->

\$8500.00

F. Full Name, Mailing Address and Zip Code
Feingold Senate Committee
PO Box 620062

Middleton, WI 53562-0062

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

06/19/200

Amount of each
Receipt this
Period

\$2500.00

Aggregate Year-to-Date ->

\$11000.00

G. Full Name, Mailing Address and Zip Code
Flaherty For Congress
PO Box 453

Neenah, WI 54957-

Receipt For: ☐ Primary ☐ General☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

06/13/200

Amount of each
Receipt this
Period

\$40.00

Aggregate Year-to-Date ->

\$40.00

SUBTOTAL of Receipts This Page (optional)

\$6940.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in full)
Democratic Party of Wisconsin

A. Full Name, Mailing Address and Zip Code Global Strategies 611 Broadway Suite 206 New York Ny, Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer REFUND OF OVERPAYMENT Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/01/2000 26,940.18	Amount of Each Receipt this Period 26,940.18
B. Full Name, Mailing Address and Zip Code M & I BANK OF SOUTHERN WISCONSIN P.O. BOX 8998 Madison, WI 53708-8998 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer OCT INTEREST Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/31/2000 5,458.62	Amount of Each Receipt this Period 1,321.18
C. Full Name, Mailing Address and Zip Code Monona Terrace One John Nolen Drive Madison, WI 53703- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/16/2000 2,125.71	Amount of Each Receipt this Period 2,125.71
D. Full Name, Mailing Address and Zip Code PSA International US 1313 I Street NW Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/20/2000 50,000.00	Amount of Each Receipt this Period 50,000.00
E. Full Name, Mailing Address and Zip Code Planned Parenthood Of Wisconsin 302 N Jackson St Milwaukee, WI 53202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 24,964.55	Amount of Each Receipt this Period 14,964.55
F. Full Name, Mailing Address and Zip Code Unknown Wire * Our bank is checking this for us. This wire came in without internal documentation. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UNKNOWN SOURCE OF WIRE TRANSFER Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 6,201.00	Amount of Each Receipt this Period 6,201.00

SUBTOTAL of Receipts This Page (optional)

\$101,552.62

TOTAL This Period (last page this line number only)

\$101,552.62

